

Bonitas

**BONITAS MEDICAL FUND
ANNEXURE B**

**OPTIONS:
HOSPITAL STANDARD
HOSPITAL PLUS
2018**

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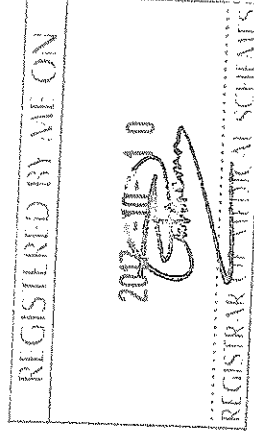
A ENTITLEMENT OF BENEFITS

- A1 The Bonitas Fund Tariff is defined as the Bonitas monetary tariffs applicable in 2017 increased by an average of 5.7%
- A2 Beneficiaries are entitled to benefits as shown in this Annexure B, subject to the monetary limits and implementation restrictions set out herein, to the exclusions referred to in Annexure C of the Rules, to the general limitation and restriction of benefits set out in Annexure D of the Rules and to the procedural and other requirements set out in the main rules.
- A3 Specialist Network appointed as the Scheme's DSP for PMBs (refer to Annexure D: 7.3.6), is applicable for all In and Out of hospital consultations and procedures.

A3.1 Specialist Network

A3.1.1 The Specialist Network includes, but is not limited to, the following specialists:

- Dermatology
- Obstetrics and Gynaecology
- Pulmonology
- Specialist Medicine
- Gastroenterology
- Neurology
- Cardiology
- Psychiatry
- Neurosurgery
- Ophthalmology
- Orthopaedics
- Otorhinolaryngology (ENT)
- Rheumatology
- Paediatrics
- Plastic and Reconstructive Surgery
- Surgery
- Cardio Thoracic Surgery
- Urology



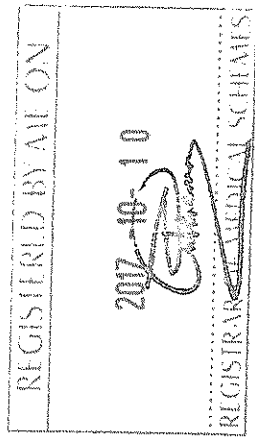
- A3.1.2 In Specialist Network, in hospital rates are applicable as follows:
 - 130% of Bonitas Tariff for the Hospital Standard Option.
- A3.1.3 In Specialist Network, out of hospital Tariffs are applicable as follows:
 - 130% of Bonitas Tariff for the Hospital Standard Option.

B CHARGING OF BENEFITS, LIMITS INCLUDING OVERALL ANNUAL LIMITS AND MEMBERSHIP CATEGORY

- B1 Valid claims will be paid at 100% of the negotiated fee, or in the absence of such fee, 100% of the lower cost or Bonitas Tariff, or Uniform Patient Fee Schedule for Public hospitals, or 100% of the Bonitas Dental Tariff as prescribed or rendered by a medical, dental or alternative healthcare practitioner or at a percentage as indicated in the table below. The cost of a valid claim shall be determined for the purpose of reimbursing the member or the supplier and the share of such cost that the Fund will bear. The balance of the share of costs to make up 100% thereof shall be the member's responsibility except for Prescribed Minimum Benefits.
- B2 Legally prescribed acute or chronic medicine claims will be reimbursed at 100% of (1) the single exit price plus the negotiated mark-up, or (2) the single exit price plus 26% capped at a maximum of R26 (Vat exclusive), Subject to a maximum fee as dictated by legislation. Both subject to the reimbursement limit, i.e. the Maximum Generic Price or Medicine Price List. Levies and co-payments to apply where relevant.

B3 MEMBERSHIP CATEGORY

Member	=	M0
Member plus 1 dependant	=	M1
Member plus 2 dependants	=	M2
Member plus 3 dependants	=	M3
Member plus 4 or more dependants	=	M4



- B4 Mental Health in Hospital will be covered subject to the relevant managed healthcare programme, provided that the treatment is rendered in a designated service provider facility. The DSP facility must be an appropriate mental health facility as licensed by the Department of Health and Credentialled to have: Dedicated psychiatric beds, dedicated psychiatric teams and psychiatric therapeutic programmes. Emergency admissions, defined as an afterhours admission, will be approved until the first working day whereupon the patient should be transferred to a credentialled psychiatric facility.



B5

The infertility benefit includes the following procedures or interventions as prescribed by the Regulations to the Medical Schemes Act 131 of 1998 in Annexure A, paragraph 9, Code 902M:

Hysterosalpingogram	Laparoscopy
The following blood test:	Hysteroscopy
Day 3 FSH/LH	Surgery (Uterus and tubal)
Oestradiol	Manipulation of ovulation defects and deficiencies
Thyroid functions (TSH)	Semen analysis (volume; count; mobility; morphology; MAR - (test)
Prolactin	Basic counselling and advice on sexual behaviour, temperature charts, etc
Rubella	Treatment of local infections
HIV	
VDRL	
Chlamydia	
Day 21 Progesterone	

B6

A member or beneficiary will be required to obtain a referral from a registered general practitioner for a specialist consultation. However should a member/beneficiary not have a referral, the claim will not be covered.

The following exceptions are applicable:

- 1 (one) gynaecologist consultation or visit per annum for female beneficiaries;
- Maternity
- Children under the age of 2 (two) years, for paediatrician visits or consultations.
- Consultations with Oncologists
- Consultations with Ophthalmologists.

On depletion of benefits, PMB above limits will only be applicable via the contracted Designated Service Providers of the fund, subject to Regulation 8.

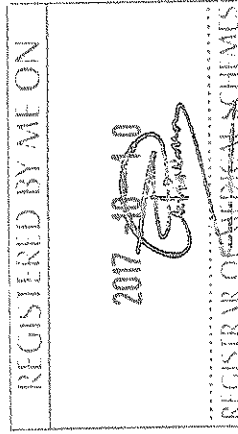
C

PRESCRIBED MINIMUM BENEFITS (PMBs)

Prescribed Minimum Benefits as shown in Annexure A of the General Regulations, made in terms of the medical Schemes Act 131 of 1998, override all benefits indicated in this annexure, and are payable in full.

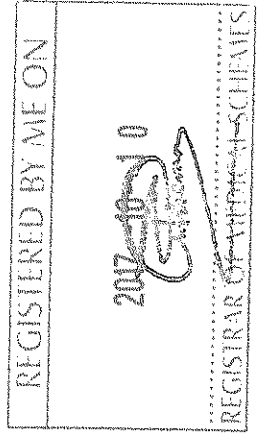
The Prescribed Minimum Benefits are available in conjunction with the Fund's contracted managed care programmes, which include the application of treatment protocols, medicine formularies, pre-authorisation and case management. These measures have been implemented to ensure appropriate and effective delivery of Prescribed Minimum Benefits.

See Annexure D – Paragraph 7 for a full explanation



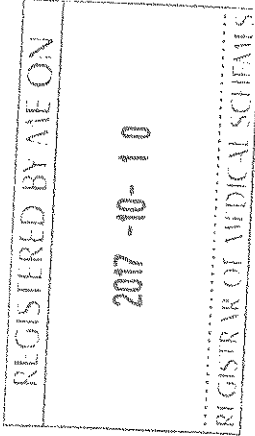
D ANNUAL BENEFITS AND LIMITS.

PARA GRAPH	BENEFIT (EXCEPT FOR PMBS)	HOSPITAL STANDARD	HOSPITAL PLUS	CONDITION/REMARKS SUBJECT TO PMB
	OVERALL ANNUAL LIMIT	No limit.	No limit.	
	PERSONAL MEMBER SAVINGS ACCOUNT	Not applicable.	Not applicable.	
	General Practitioner Network	Not applicable.	Not applicable.	
D1	ALTERNATIVE HEALTHCARE (See B1)	No benefit.	No benefit.	
D1.1	Homeopathic Consultations and/or treatment	No benefit.	No benefit.	
D1.2	Homeopathic Medicines	No benefit.	No benefit.	
D1.3	Acupuncture	No benefit.	No benefit.	
D1.4	Naturopathy Consultations and/or treatment and medicines.	No benefit.	No benefit.	
D1.5	Phytotherapy	No benefit.	No benefit.	
D1.6	Osteopathy	No benefit.	No benefit.	




PARA GRAPH	BENEFIT (EXCEPT FOR PMBS)	HOSPITAL STANDARD	HOSPITAL PLUS	CONDITION/REMARKS SUBJECT TO PMB
D2	AMBULANCE SERVICES (See B1)	100% of cost if authorised by the preferred provider.	100% of cost if authorised by the preferred provider.	Subject to the contracted provider. Non-authorisation will result in non-payment except for PMBs.
D3	APPLIANCES, EXTERNAL ACCESSORIES AND ORTHOTICS (See B1)			Diabetic accessories and appliances - (with the exception of glucometers) to be pre-authorised and claimed from the chronic medicine benefits D11.3. Subject to preferred supplier agreements.
D3.1	In and Out of Hospital			
D3.1.1	General medical and surgical appliances, including wheelchairs and repairs, and large orthopaedic appliances	No benefit.	No benefit.	Hiring or buying medical or surgical aids as prescribed by a medical practitioner.
D3.1.2	Hearing Aids and repairs	No benefit.	No benefit.	
D3.1.3	CPAP Apparatus for sleep apnoea	No benefit.	No benefit.	CPAP Machines are subject to the relevant managed healthcare programme and to its prior authorisation.
D3.1.4	Stoma Products	No benefit, except for PMBs.	No benefit, except for PMBs. REGISTERED BY MEON	
D3.1.5	Specific appliances, accessories		2017 -10- 10 REGISTRAR OF MEDICAL SCHEMES	Subject to the relevant managed healthcare programme and to its prior authorisation and if the treatment forms part of the relevant managed healthcare programme, out of hospital.
D3.1.5.1	Oxygen therapy, equipment (not including hyperbaric oxygen treatment)	No limit if specifically authorised.	No limit if specifically authorised.	

PARA GRAPH	BENEFIT (EXCEPT FOR PMBS)	HOSPITAL STANDARD	HOSPITAL PLUS	CONDITION/REMARKS SUBJECT TO PMB
D3.1.5.2	Home Ventilators	No limit if specifically authorised.	No limit if specifically authorised.	
D3.1.5.3	Long leg callipers	Limited to and included in D20.2.	Limited to and included in D20.2.	
D3.1.5.4	Foot orthotics	No benefit.	No benefit.	
D4	BLOOD, BLOOD EQUIVALENTS AND BLOOD PRODUCTS (See B1)	No limit if specifically authorised.	No limit if specifically authorised.	Subject to the relevant managed healthcare programme and to its prior authorisation and if the treatment forms part of the relevant managed healthcare programme, out of hospital.
D5	CONSULTATIONS AND VISITS BY MEDICAL PRACTITIONERS (See B1)			
D5.1	General Practitioners			This benefit excludes <ul style="list-style-type: none"> Dental Practitioners and Therapists (D6); ante-natal visits and consultations (D10); Psychiatrists, Psychologists, Psychoimetrists and Registered Counsellors (D12); Oncologists, Haematologists and Credentialed Medical Practitioners during active and post-active treatment periods (D14); Paramedical Services (D17); Physiotherapists and Biokineticists in hospital (D19.1).
D5.1.1	In Hospital	<ul style="list-style-type: none"> No limit. 100% of Bonitas Tariff for general practitioners. 	<ul style="list-style-type: none"> No limit. 200% of Bonitas Tariff for general practitioners. 	
D5.1.2	Out of Hospital	No benefit, unless PMB.	No benefit, unless PMB.	





PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	HOSPITAL STANDARD	HOSPITAL PLUS	CONDITION/REMARKS SUBJECT TO PMB
D5.1.3	Childhood illness benefit	1 GP consultation per beneficiary between the ages of 2 and 12 years paid from OAL.	1 GP consultation per beneficiary between the ages of 2 and 12 years paid from OAL.	
D5.2	Medical Specialist (See A3 and B1)			
D5.2.1	In Hospital	<ul style="list-style-type: none"> No limit 100% of Bonitas Tariff for non-network specialists. 130% of Bonitas Tariff for network specialists. (See Annexure D: 7.3.6). 	<ul style="list-style-type: none"> No limit 200% of Bonitas Tariff for medical specialists. 	All consultations and procedures within the Specialist Network will be paid at the negotiated Tariff, with no co-payment applicable.
D5.2.2	Out of Hospital (See A3 and B6)	No benefit, unless PMB.	No benefit, unless PMB.	<p>Referral to a specialist must be done by a registered general practitioner and a valid referral obtained.</p> <p>The following exceptions are applicable as per B6:</p> <ul style="list-style-type: none"> One (1) gynaecologist visit/consultation per annum for female beneficiaries; consultations and visits related to maternity; children under the age of two (2) years for paediatrician visits/consultations; Visits with ophthalmologists and oncologists.
D5.2.3	Infant Paediatric Benefit (Consultation with a GP or Paediatrician)	<ul style="list-style-type: none"> 2 Paediatric consultations per beneficiary for children aged 0 - 12 months. 1 Paediatric consultations per beneficiary for children aged 13 - 24 months, included in the OAL. 	<ul style="list-style-type: none"> 2 Paediatric consultations per beneficiary for children aged 0 - 12 months. 1 Paediatric consultations per beneficiary for children aged 13 - 24 months, included in the OAL. 	<p>REGISTERED BY ME ON</p> <p>2017-10-10</p> <p>REGISTRAR OF MEDICAL SCHEMES</p>

PARA GRAPH	BENEFIT (EXCEPT FOR PMBS)	HOSPITAL STANDARD	HOSPITAL PLUS	CONDITION/REMARKS SUBJECT TO PMB
D6	DENTISTRY (SEE B1)	No benefit out of hospital.	No benefit out of hospital.	Subject to the Dental Management Programme.
D6.1	BASIC DENTISTRY			
D6.1.1	Hospitalisation (general anaesthetic) and IV Conscious sedation in the rooms	<ul style="list-style-type: none"> Subject to pre-authorization. A co-payment of R3 000 per hospital admission applies. Certain maxillo-facial procedures are covered in hospital. Admission protocols apply. General anaesthetic benefits are available for children under the age of 5 years for extensive dental treatment. Multiple hospital admissions are not covered. General anaesthetic benefits are available for the removal of impacted teeth. Benefit is subject to managed care protocols. Specific facilities may be contractually excluded and will incur a 30% co-payment. 	<ul style="list-style-type: none"> Subject to pre-authorization. A co-payment of R3 000 per hospital admission applies. Certain maxillo-facial procedures are covered in hospital. Admission protocols apply. General anaesthetic benefits are available for children under the age of 5 years for extensive dental treatment. Multiple hospital admissions are not covered. General anaesthetic benefits are available for the removal of impacted teeth. Benefit is subject to managed care protocols. Specific facilities may be contractually excluded and will incur a 30% co-payment. 	<p>Subject to managed care protocols for apicectomies, removal of impacted wisdom teeth, exposure of teeth for orthodontic purposes and for multiple fillings for children under the age of 5 (limited to one admission per annum).</p> <div style="border: 1px solid black; padding: 5px; text-align: center;"> <p>REGISTERED BY MELOON</p> <p>2017-10-10</p> <p>REGISTRAR OF MEDICAL SCHEMES</p> </div>
D6.2	ADVANCED DENTISTRY (See B1)	No benefit.	No benefit.	
D6.2.1	Crowns	No benefit.	No benefit.	
D6.2.2	Metal Frame Dentures	No benefit.	No benefit.	

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	HOSPITAL STANDARD	HOSPITAL PLUS	CONDITION/REMARKS SUBJECT TO PMB
D6.2.3	Osseo-integrated Implants and orthognathic surgery (functional correction of malocclusion)	No benefit.	No benefit.	
D6.2.4	Oral Surgery	No benefit.	No benefit.	
D6.2.5	Orthodontic Treatment	No benefit.	No benefit.	
D6.2.6	Maxillo-facial surgery	See D23.1.2.	See D23.1.2.	
D6.2.7	Periodontal treatment	No benefit.	No benefit.	
D7	HOSPITALISATION (See B1)			
D7.1	Private Hospitals and unattached operating theatres (See B1)			Subject to the relevant managed healthcare programme and its prior authorisation.
D7.1.1	In Hospital	<ul style="list-style-type: none"> No limit. No benefit for Deep Brain Stimulation Implantation. No benefit for Joint Replacements, unless PMB. Specific facilities may be contractually excluded and will incur a 30% copayment, subject to Regulation 8 (3). 	<ul style="list-style-type: none"> No limit. Deep Brain Stimulation Implantation for Parkinson's and intractable epilepsy is limited to R222 200 per beneficiary (excluding the prosthesis benefit). Specific facilities may be contractually excluded and will incur a 30% copayment, subject to Regulation 8 (3). 	<p>Subject to the managed health care programme and prior authorisation. Accommodation, use of operating theatres and hospital equipment, medicine, pharmaceuticals and surgical items. This benefit excludes: hospitalisation for:</p> <ul style="list-style-type: none"> Osseo-integrated implants orthognathic surgery (D6); Maternity (D10); Mental Health (D12); Organ and haemopoietic stem cell (bone marrow) transplantation immunosuppressive medication (D16); Renal Dialysis chronic (D22); Refractive surgery (D23.1.1).
		REGISTERED BY A/E ON		
				
		REGISTRAR OF MEDICAL SCHEMES		

PARA GRAPH	BENEFIT (EXCEPT FOR PMBS)	HOSPITAL STANDARD	HOSPITAL PLUS	CONDITION/REMARKS SUBJECT TO PMB
D7.1.2	Medicine on discharge from hospital (TTO) (See B2)	R445 per beneficiary per admission, except anticoagulants post surgery which will be subject to the relevant managed healthcare programme.	R520 per beneficiary per admission, except anticoagulants post surgery which will be subject to the relevant managed healthcare programme.	
D7.1.3	Casualty/emergency room visits			
D7.1.3.1	Facility fee	Subject to authorisation of bona fide emergencies.	Subject to authorisation of bona fide emergencies.	Will be included in the hospital benefit if a retrospective authorisation is given by the relevant managed healthcare programme for bona fide emergencies.
D7.1.3.2	Consultations	No benefit.	No benefit.	
D7.1.3.3	Medicine	No benefit.	No benefit.	
D7.2	Public hospitals (See B1)			
D7.2.1	In hospital	No limit.	No limit.	Subject to managed health care programme and prior authorisation. Accommodation, use of operating theatres and hospital equipment, medicine, pharmaceuticals and surgical items. This benefit excludes hospitalisation for: <ul style="list-style-type: none"> • Osseo-integrated implants and orthognathic surgery (D6); • Maternity (D10); • Mental Health (D12); • Organ and haemopoietic stem cell (bone marrow) transplantation and immunosuppressive medication (D16); • Renal dialysis chronic (D22); • Refractive surgery (D23.1.1).
D7.2.2	Medicine on discharge from hospital (TTO) (See B2)	R445 per beneficiary per admission, except anticoagulants post surgery which will be subject to the relevant managed healthcare programme.	R520 per beneficiary per admission, except anticoagulants post surgery which will be subject to the relevant managed healthcare programme.	

REGISTERED BY ME ON
 2017-10-10

 REGISTRAR OF HOSPITAL SCHEMES

PARA GRAPH	BENEFIT (EXCEPT FOR PMBS)	HOSPITAL STANDARD	HOSPITAL PLUS	CONDITION/REMARKS SUBJECT TO PMB
D7.2.3	Casualty/emergency room visits			
D7.2.3.1	Facility Fee	Subject to authorisation of bona fide emergencies.	Subject to authorisation of bona fide emergencies.	Will be included in the hospital benefit if retrospective authorisation is given by the relevant managed healthcare programme for bona fide emergencies.
D7.2.3.2	Consultations	No benefit.	No benefit.	
D7.2.3.3	Medicine	No benefit.	No benefit.	
D7.2.4	Outpatient services			
D7.2.4.1	Consultations	No benefit.	No benefit.	
D7.2.4.2	Medicine	No benefit.	No benefit.	
D7.3	Alternative to hospitalisation (See B1)			<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">REGISTERED BY AICON</div> <div style="text-align: center;">2017-10-10</div> <div style="text-align: center;"></div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">REGISTRAR OF MEDICAL SCHEMES</div> Subject to the relevant managed healthcare programme and to its prior authorisation. Benefits for clinical procedures and treatment during stay in an alternative facility will be subject to the same benefits that apply to hospitalisation.
D7.3.1	Physical Rehabilitation hospitals	R47 250 per family, for all services.	R47 250 per family, for all services.	See D7.3.
D7.3.2	Sub-acute facilities Hospice, private nursing	R15 760 per family.	R15 760 per family.	This benefit includes psychiatric nursing but excludes midwifery services. See D7.3.
D7.3.3	Outpatient antibiotic therapy in lieu of hospitalisation	<ul style="list-style-type: none"> • No limit. • Subject to pre-authorisation. 	<ul style="list-style-type: none"> • No limit. • Subject to pre-authorisation. 	Subject to the relevant managed healthcare programme.
D7.3.4	Terminal Care	Limited to and included in D7.3.2 and above limits, subject to pre-authorisation.	Limited to and included in D7.3.2 and above limits, subject to pre-authorisation.	Subject to the relevant managed healthcare programme.

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	HOSPITAL STANDARD	HOSPITAL PLUS	CONDITION/REMARKS SUBJECT TO PMB
D8	IMMUNE DEFICIENCY SYNDROME RELATED TO HIV INFECTION (SEE B1)	<ul style="list-style-type: none"> No limit. Subject to PMBs. 	<ul style="list-style-type: none"> No limit. Subject to PMBs. 	Subject to registration on the relevant managed healthcare programme. Subject to clinical protocols.
D8.1	Anti-retroviral medicine	Limited to and included in D8 and subject to the DSP.	Limited to and included in D8 and subject to the DSP.	
D8.2	Related medicine	Limited to and included in D8 and subject to the DSP.	Limited to and included in D8 and subject to the DSP.	
D8.3	Related pathology	Limited to and included in D8.	Limited to and included in D8.	Pathology as specified by the relevant managed healthcare programme, out of hospital.
D8.4	Related consultations	Limited to and included in D8.	Limited to and included in D8.	
D8.5	All other services	Limited to and included in D1 - D7 and D9 - D26.	Limited to and included in D1 - D7 and D9 - D26.	
D9	INFERTILITY (See B1 and B5)	Limited to interventions and investigations as prescribed by the Regulations to the Medical Schemes' Act 131 of 1998 in Annexure A, paragraph 9, Code 902M.	Limited to interventions and investigations as prescribed by the Regulations to the Medical Schemes' Act 131 of 1998 in Annexure A, paragraph 9, Code 902M.	Subject to the relevant managed healthcare programme, and its prior authorisation
D10	MATERNITY (See A3 & B1)			Subject to the relevant managed healthcare programme and to its prior authorisation.
D10.1	Confinement in hospital	<ul style="list-style-type: none"> No limit 100% of Bonitas Tariff for non-network specialists. 130% of Bonitas Tariff for network specialists. Specific facilities may be contractually excluded and will incur a 30% copayment, subject to Regulation 8 (3). 	<ul style="list-style-type: none"> No limit. 200% of the Bonitas Tariff for the general practitioner or medical specialist. Specific facilities may be contractually excluded and will incur a 30% copayment, subject to Regulation 8 (3). 	Delivery by a general practitioner or medical specialist and the services of the attendant paediatrician and/or anaesthetists are included. Included in global obstetric fee is post-natal care by a general practitioner and medical specialist up to and including the six week post-natal consultation.

REGISTERED BY ME ON

10


REGISTRAR OF MEDICAL SCHEMES

PARA GRAPH	BENEFIT (EXCEPT FOR PMBS)	HOSPITAL STANDARD	HOSPITAL PLUS	CONDITION/REMARKS SUBJECT TO PMB
D10.1.1	Medicine on discharge from hospital (TTO) (See B2)	Limited to and included in D7.1.2.	Limited to and included in D7.1.2.	
D10.1.2	Confinement in a registered birthing unit	<ul style="list-style-type: none"> Limited to and included in D10.1. 4 x post-natal midwife consultations per pregnancy. Specific facilities may be contractually excluded and will incur a 30% copayment, subject to Regulation 8 (3). 	<ul style="list-style-type: none"> Limited to and included in D10.1. 4 x post-natal midwife consultations per pregnancy. Specific facilities may be contractually excluded and will incur a 30% copayment, subject to Regulation 8 (3). 	Subject to the relevant managed healthcare programme and its prior authorisation. Delivery by a midwife. Hire of water bath and oxygen cylinder limited to and included in OAL. This must be hired from a practitioner who has a registered practice number.
D10.2	Confinement out of hospital	<ul style="list-style-type: none"> Limited to and included in D10.1. 4 x post-natal midwife consultations per pregnancy. 	<ul style="list-style-type: none"> Limited to and included in D10.1. 4 x post-natal midwife consultations per pregnancy. 	Subject to the relevant managed healthcare programme and its prior authorisation. Delivery by a midwife. Hire of water bath and oxygen cylinder limited to and included in OAL. This must be hired from a practitioner who has a registered practice number.
D10.2.1	Consumables and pharmaceuticals	Limited to and included in D10.1.	Limited to and included in D10.1.	Registered medicine, dressings and materials supplied by a midwife out of hospital.
D10.3	Related maternity services	Limited to and included in D10.1.	Limited to and included in D10.1.	
D10.3.1	Ante-natal consultations	<ul style="list-style-type: none"> 6 ante-natal consultations by a specialist, general practitioner or midwife per pregnancy. 	<ul style="list-style-type: none"> 6 ante-natal consultations by a specialist, general practitioner or midwife per pregnancy. 	
D10.3.2	Related tests and procedures	<ul style="list-style-type: none"> Pregnancy related tests and procedures. 2 x 2D pregnancy scans. 1 x amniocentesis per pregnancy. 	<ul style="list-style-type: none"> Pregnancy related tests and procedures. 2 x 2D pregnancy scans. 1 x amniocentesis per pregnancy. 	

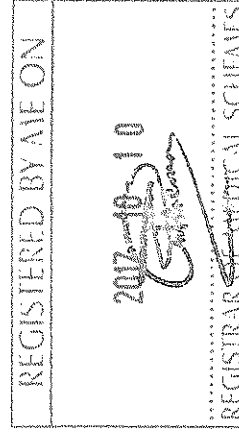
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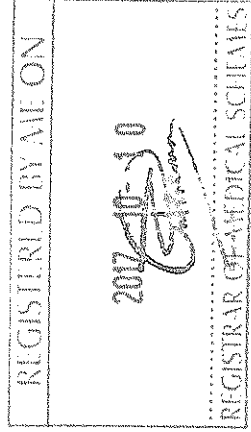
REGISTRAR OF MEDICAL SCHEMES


PARA GRAPH	BENEFIT (EXCEPT FOR PMBS)	HOSPITAL STANDARD	HOSPITAL PLUS	CONDITION/REMARKS SUBJECT TO PMB
D11	MEDICINE AND INJECTIONS MATERIAL (See B1 and B2)			
D11.1	Routine/ (acute) medicine	No benefit.	No benefit.	Subject to the relevant managed healthcare programme. The Medicine Exclusion List and the Pharmacy Products Management Document are applicable. This benefit excludes: <ul style="list-style-type: none"> • In-hospital medicine (D7); • Anti-retroviral medicine (D8); • Oncology medicine (D14); • Organ and haemopoietic stem cell (bone marrow) transplantation and immunosuppressive medication (D16).
D11.1.1	Medicine on discharge from hospital (TTO)	Limited to and included in D7.1.2.	Limited to and included in D7.1.2.	
D11.1.2	Contraceptives	<ul style="list-style-type: none"> • Limited to R1 500 per family. • Limited to females of childbearing age. • Subject to the DSP pharmacy. • 40% co-payment applies for the voluntary use of a non-DSP pharmacy. 	<ul style="list-style-type: none"> • Limited to R1 500 per family. • Limited to females of childbearing age. • Subject to the DSP pharmacy. • 40% co-payment applies for the voluntary use of a non-DSP pharmacy. 	<div style="border: 1px solid black; padding: 5px; text-align: center;"> REGISTERED BY AIE ON  2017 REGISTERED PHARMACEUTICAL SCHEMES </div>
D11.2	Pharmacy Advised therapy Schedules 0, 1, 2 and medicine advised and dispensed by a pharmacist.	No benefit.	No benefit.	


PARA GRAPH	BENEFIT (EXCEPT FOR PIMBs)	HOSPITAL STANDARD	HOSPITAL PLUS	CONDITION/REMARKS SUBJECT TO PIMB
D11.3	Chronic medicine (See B1)	<ul style="list-style-type: none"> Prescribed Minimum Benefits only. 40% co-payment applies for non formulary drugs and for the voluntary use of a non-DSP. 	<ul style="list-style-type: none"> Prescribed Minimum Benefits only. 40% co-payment applies for non-formulary drugs and for the voluntary use of a non-DSP. 	<p>Subject to registration on the relevant managed healthcare programme and to its prior authorisation and applicable formularies. Restricted to a maximum of one month's supply unless pre-authorised.</p> <p>Includes diabetic disposables such as</p> <ul style="list-style-type: none"> • syringes, • needles, • strips • lancets. <p>This benefit excludes:</p> <ul style="list-style-type: none"> • In hospital medicine (D7); • Anti-retroviral drugs (D8); • Oncology medicine (D14); • Organ and haemopoietic stem cell (bone marrow) transplantation immunosuppressive medication (D16).
D11.3.1	MDR and XDR-TB	No limit, subject managed care protocols.	No limit, subject managed care protocols.	
D11.4	Specialised Drugs (See B1)			<p>The non oncology specialised drug list is a continuously evolving list of high cost drugs, not listed on the National Department of Health Essential Drug List (EDL), used for the treatment of chronic conditions.</p> <p>This list includes but is not limited to biological drugs (biological therapy for inflammatory arthritides, inflammatory bowel disease, chronic demyelinating polyneuropathies, chronic hepatitis, botulinum toxin, palivizumab).</p> <p>Unless otherwise stated below, any other diseases where the use of the drug is deemed appropriate by the managed health care organization, drugs will be funded from this benefit.</p> <p>Subject to published list.</p>



PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	HOSPITAL STANDARD	HOSPITAL PLUS	CONDITION/REMARKS SUBJECT TO PMB
D11.4.1	Non Oncology Biological Drugs applicable to monoclonal antibodies interleukins	No benefit, unless PMB.	<ul style="list-style-type: none"> R186 900 per family. Subject to clinical protocols. A 10% co-payment applies unless PMB. 	Subject to the relevant managed healthcare programme and to its prior authorisation.
D11.4.2	Specialised Drugs used in the management of retinal disorders applicable to monoclonal antibodies intravitreal implants photosensitizing agents	<ul style="list-style-type: none"> No benefit, unless PMB. 	<ul style="list-style-type: none"> R50 000 per family. Limited to and included in D11.4.1. Subject to clinical protocols. A 10% co-payment applies unless PMB. 	Subject to the relevant managed healthcare programme and to its prior authorisation for the treatment of Retinal disorders.
D11.4.3	Iron chelating agents for chronic use	No benefit, unless PMB.	Limited to and included in D11.4.1.	Subject to the relevant managed healthcare programme and to its prior authorisation.
D11.4.4	Human immunoglobulin for chronic use	No benefit, unless PMB.	Limited to and included in D11.4.1.	Subject to the relevant managed healthcare programme and to its prior authorisation.
D11.4.5	Non calcium phosphate binders and calcimimetics	No benefit, unless PMB.	Limited to and included in D11.4.1.	Subject to the relevant managed healthcare programme and to its prior authorisation of renal osteodystrophy as a result of chronic kidney disease.




PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	HOSPITAL STANDARD	HOSPITAL PLUS	CONDITION/REMARKS SUBJECT TO PMB
D12	MENTAL HEALTH (See B1 and B4)	<ul style="list-style-type: none"> R30 680 per family, unless PMB. Subject to the DSP and Regulation 8 (3). 	<ul style="list-style-type: none"> R30 680 per family, unless PMB. Subject to the DSP and Regulation 8 (3). 	Subject to the relevant managed healthcare programme. Physiotherapy is excluded for mental health admissions.
D12.1	In Hospital	<ul style="list-style-type: none"> Limited to and included in D12. Specific facilities may be contractually excluded and will incur a 30% copayment, subject to Regulation 8 (3). 	<ul style="list-style-type: none"> Limited to and included in D12. Specific facilities may be contractually excluded and will incur a 30% copayment, subject to Regulation 8 (3). 	For accommodation, use of operating theatres and hospital equipment, medicine, pharmaceuticals and surgical items and procedures performed by general practitioners and psychiatrists. A maximum of three days' hospitalisation for beneficiaries admitted by a general practitioner or specialist physician. (See B4.)
D12.1.1	Medicine on discharge from hospital (TTO) (See B2)	Limited to and included in D7.1.2.	Limited to and included in D7.1.2.	
D12.2	Out of Hospital			
D12.2.1	Consultations and visits, procedures, assessments, therapy, treatment and/or counselling, out of hospital. (See B1)	<ul style="list-style-type: none"> Prescribed Minimum Benefit only. Subject to D12. Educational psychology visits for adult beneficiaries (>21 years) are excluded from this benefit. 	<ul style="list-style-type: none"> Prescribed Minimum Benefit only. Subject to D12. Educational psychology visits for adult beneficiaries (>21 years) are excluded from this benefit. 	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> REGISTERED BY MELOAN 2017-10-10  REGISTRAR OF MEDICAL SCHEMES </div>
D12.2.2	Medicine (See B2)	Limited to and included in D11.	Limited to and included in D11.	
D12.3	Rehabilitation of substance abuse (See B1 & B4)	Limited to and included in D12.	Limited to and included in D12.	Subject to the relevant managed healthcare programme and to its prior authorisation. (See B4).

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	HOSPITAL STANDARD	HOSPITAL PLUS	CONDITION/REMARKS SUBJECT TO PMB
D12.3.1	Medicine on discharge from hospital (TTO) (See B2)	Limited to and included in D7.1.2.	Limited to and included in D7.1.2.	
D13	NON-SURGICAL PROCEDURES AND TESTS (See B1)			
D13.1	In Hospital	<ul style="list-style-type: none"> No limit. 130% of the Bonitas Tariff for network specialists. 100% of the Bonitas Tariff for the non-network specialist or general practitioner. Specific facilities may be contractually excluded and will incur a 30% copayment, subject to Regulation 8 (3). 	<ul style="list-style-type: none"> No limit. 200% of the Bonitas Tariff for the general practitioner or medical specialist. Specific facilities may be contractually excluded and will incur a 30% copayment, subject to Regulation 8 (3). 	<p>Subject to the relevant managed healthcare programme and its prior authorisation in hospital only. This benefit excludes:</p> <ul style="list-style-type: none"> Psychiatry and psychology (D12); Optometric examinations (D15); Pathology (D18); Radiology (D21).
D13.2	Out of hospital	No benefit, except D13.2.1.	No benefit, except D13.2.1.	Subject to relevant managed healthcare programme. Refer to D23.3.1
D13.2.1	<ul style="list-style-type: none"> Routine diagnostic upper and lower gastro-intestinal fibre-optic endoscopy (excluding rigid sigmoidoscopy and anoscopy) 24 hr oesophageal PH studies Breast fine needle biopsy Circumcision Cystoscopy Laser tonsillectomy Oesophageal motility studies Vasectomy Prostate needle biopsy (See B1) 	<ul style="list-style-type: none"> No limit. 130% of the Bonitas Tariff for network specialists. 100% of the Bonitas Tariff for the non-network specialist or general practitioner. 	<ul style="list-style-type: none"> No limit. 100% of the Bonitas Tariff for the general practitioner or medical specialist. 	<p>On Hospital Plus, the medical practitioner will be reimbursed at 200% of the Bonitas Tariff if done in hospital and pre-authorised by the relevant healthcare programme. Includes related consultation, materials, pathology and radiology if done in the rooms on the same day. Co-payments will not apply if procedure is done in the doctors rooms.</p>
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PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	HOSPITAL STANDARD	HOSPITAL PLUS	CONDITION/REMARKS SUBJECT TO PMB
D13.3	Sleep studies (See B1)	No benefit.	No benefit.	
D13.3.1	Diagnostic Polysomnograms In and out of hospital	No benefit.	No benefit.	
D13.3.2	CPAP Titration	No benefit.	No benefit.	
D14	ONCOLOGY (See B1)			
D14.1	Pre active, active & post active treatment period	<ul style="list-style-type: none"> R328 100 per family. The ICON medical specialist network is the preferred provider for oncology services (excluding paediatric oncology and acute haematology), at the negotiated rate. 100% of the Bonitas tariff for services rendered by non ICON medical specialists Above benefit, limited to PMBs and 40% copay for the voluntary use of services rendered by non ICON medical specialists. 	<ul style="list-style-type: none"> R589 000 per family. The ICON medical specialist network is the preferred provider for oncology services (excluding paediatric oncology and acute haematology), at the negotiated rate. 100% of the Bonitas tariff for services rendered by non ICON medical specialists Above benefit, limited to PMBs and 40% copay for the voluntary use of services rendered by non ICON medical specialists. 	<ul style="list-style-type: none"> Subject to the relevant managed healthcare programme and to its prior authorisation. Treatment for long-term chronic conditions that may develop as a result of chemotherapy and radiotherapy is not included in this benefit. Benefit for Oncologists, haematologists and accredited medical practitioners for consultations, visits, treatment and consumable material used in radiotherapy and chemotherapy. The Specialist Network is the DSP for related oncology services at the Specialist Network (DSP) rate.
D14.1.1	Medicine (See B2)	Limited to and included in D14.1 and subject to the DSP.	Limited to and included in D14.1 and subject to the DSP.	
D14.1.2	Radiology and pathology (See B1)	Limited to and included in D14.1.	Limited to and included in D14.1.	
D14.1.2.1	PET and PET – CT (See B1)	No benefit.	Limited to and included in D14.1 and one per family per annum restricted to staging of malignant tumours.	Subject to the relevant managed healthcare programme and to its prior authorisation. Specific authorisations are required in addition to any authorisation that may have been obtained for hospitalisation. Only in a credentialled specialist practice.

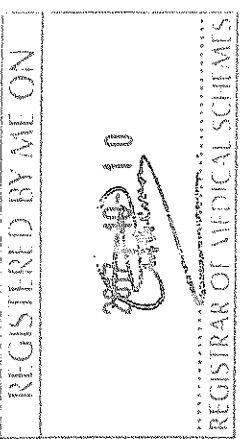
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PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	HOSPITAL STANDARD	HOSPITAL PLUS	CONDITION/REMARKS SUBJECT TO PMB
D14.1.3	Specialised Drugs (See B2)			This list includes but is not limited to targeted therapies e.g. biologicals, tyrosine kinase inhibitors, and other non genericised chemotherapeutic agents. Subject to published list. Unless otherwise stated below, any other diseases where the use of the drug is deemed appropriate by the managed health care organization, drugs will be funded from this benefit.
D14.1.3.1	Biological drugs	No benefit, except for PMBs.	<ul style="list-style-type: none"> R233 700 per family, limited to and included in D14.1. Subject to clinical protocols. A 10% co-payment applies unless PMB. 	
D14.1.3.2	Unregistered chemotherapeutic agents	No benefit, except for PMBs.	Limited to and included in D14.1.3.1.	Subject to Section 21 approval by the Medicines Control Council and pre-authorisation by the relevant managed healthcare programme.
D14.1.3.3	Proteasome Inhibitors	No benefit, except for PMBs.	Limited to and included in D14.1.3.1	
D14.1.3.4	Certain Pyrimidine Analogues	No benefit, except for PMBs.	Limited to and included in D14.1.3.1	
D14.1.4	Flushing of a J line and/or Port (See B1)	Limited to and included in D14.1.	Limited to and included in D14.1.	Subject to the relevant managed healthcare programme
D14.1.5	Brachytherapy materials (including seeds and disposables) and equipment (See B1)	Limited to R42 110 per beneficiary and included in D14.1.	Limited to R42 110 per beneficiary and included in D14.1.	Subject to the relevant managed healthcare programme and to its prior authorisation, for services rendered by oncologists, radiotherapists and credentialled medical practitioners. The Specialist Network is the DSP for oncology related services at the Specialist Network (DSP) rate.
D14.2	Post active treatment period (See B1)	Limited to and included in D14.1 during the remission period following the active treatment period, except for Prescribed Minimum Benefits.	Limited to and included in D14.1 during the remission period following the active treatment period, except for Prescribed Minimum Benefits.	Subject to the relevant managed healthcare programme.

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PARA GRAPH	BENEFIT (EXCEPT FOR PIMBs)	HOSPITAL STANDARD	HOSPITAL PLUS	CONDITION/REMARKS SUBJECT TO PMB
D14.2.1	Flushing of a J line and/or Port (See B1)	Limited to and included in D14.1.	Limited to and included in D14.1.	
D14.3	Oncology Social worker (OSW) benefit	<ul style="list-style-type: none"> Limited to R2 700 per family, subject to the ICON (OSW) network. Limited to and included in D14.1. 	<ul style="list-style-type: none"> Limited to R2 700 per family, subject to the ICON (OSW) network. Limited to and included in D14.1. 	
D15	OPTOMETRY (In and Out of Network) (See B1)	No benefit.	No benefit.	
D15.1	Low vision appliances	No benefit.	No benefit.	
D15.2	Ocular prostheses	No benefit.	No benefit.	
D16	ORGAN AND HAEMOPOIETIC STEM CELL (BONE MARROW) TRANSPLANTATION AND IMMUNO-SUPPRESSIVE MEDICATION INCLUDING CORNEAL GRAFTS) (See B1)	<ul style="list-style-type: none"> No limit 130% of the Bonitas Tariff for network specialists. 100% of the Bonitas Tariff for the general practitioner or non-network specialists. Corneal grafts are limited to R30 000 per beneficiary for local or imported grafts. Specific facilities may be contractually excluded and will incur a 30% copayment, subject to Regulation 8 (3). 	<ul style="list-style-type: none"> No limit. 200% of the Bonitas Tariff for services rendered by the medical and specialist practitioners. Corneal grafts are limited to R30 000 per beneficiary for local or imported grafts. Specific facilities may be contractually excluded and will incur a 30% copayment, subject to Regulation 8 (3). 	<p>Subject to the relevant managed healthcare programme to its prior authorisation. No benefits will be granted for hospitalisation, treatments and associated clinical procedures if prior authorisation is not obtained. Organ harvesting is limited to the Republic of South Africa excluding donor cornea.</p> 
D16.1	Haemopoietic stem cell (bone marrow transplantation) (See B1)	Limited to and included in D16.	Limited to and included in D16.	Haemopoietic stem cell (bone marrow) transplantation is limited to allogeneic grafts and autologous grafts derived from the South African Bone Marrow Registry.
D16.2	Immuno-suppressive medication (See B2)	Limited to and included in D16 and subject to the DSP.	Limited to and included in D16 and subject to the DSP.	

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	HOSPITAL STANDARD	HOSPITAL PLUS	CONDITION/REMARKS SUBJECT TO PMB
D16.3	Post transplantation biopsies and scans (See B1)	Limited to and included in D16.	Limited to and included in D16.	
D16.4	Radiology and pathology (See B1)	Limited to and included in D16.	Limited to and included in D16.	For specified radiology and pathology services, performed by pathologists, radiologists and haematologists, associated with the transplantation treatment.
D17	PARAMEDICAL SERVICES (ALLIED MEDICAL PROFESSIONS) (See B1)			
D17.1	In hospital	No limit.	No limit.	Subject to referral by the treating practitioner.
D17.1.1	Dietetics	<ul style="list-style-type: none"> 100% of Bonitas Tariff. Limited to and included in D17.1. 	<ul style="list-style-type: none"> 100% of Bonitas Tariff. Limited to and included in D17.1. 	
D17.1.2	Occupational Therapy	<ul style="list-style-type: none"> 100% of Bonitas Tariff. Limited to and included in D17.1. 	<ul style="list-style-type: none"> 100% of Bonitas Tariff. Limited to and included in D17.1. 	
D17.1.3	Speech Therapy	<ul style="list-style-type: none"> 100% of Bonitas Tariff. Limited to and included in D17.1. 	<ul style="list-style-type: none"> 100% of Bonitas Tariff. Limited to and included in D17.1. 	
D17.2	Out of hospital	No benefit.	No benefit.	
D17.2.1	Audiology	No benefit.	No benefit.	REGISTERED BY ME ON
D17.2.2	Dietetics	No benefit.	No benefit.	2017-10-10 <i>[Signature]</i> REGISTRAR OF MEDICAL SCHEMES
D17.2.3	Genetic counselling	No benefit.	No benefit.	
D17.2.4	Hearing aid acoustics	No benefit.	No benefit.	

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	HOSPITAL STANDARD	HOSPITAL PLUS	CONDITION/REMARKS SUBJECT TO PMB
D17.2.5	Occupational therapy	No benefit.	No benefit.	
D17.2.6	Orthoptics	No benefit.	No benefit.	
D17.2.7	Podiatry	No benefit.	No benefit.	
D17.2.8	Private nurse practitioners	No benefit.	No benefit.	
D17.2.9	Speech therapy	No benefit.	No benefit.	
D17.2.10	Social workers	No benefit.	No benefit.	
D18	PATHOLOGY AND MEDICAL TECHNOLOGY (See B1)			Subject to the relevant managed healthcare programme.
D18.1	In hospital	No limit.	No limit.	
D18.2	Out of hospital	No benefit.	No benefit.	
D19	PHYSICAL THERAPY (See B1)			
D19.1	In hospital Physiotherapy Biokinetics	<ul style="list-style-type: none"> No limit. 100% of Bonitas Tariff. 	<ul style="list-style-type: none"> No limit. 100% of Bonitas Tariff. 	Subject to referral by the treating practitioner. Physiotherapy is excluded for mental health admissions.
D19.2	Out of hospital physiotherapy Biokinetics Chiropractics	No benefit.	No benefit.	

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PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	HOSPITAL STANDARD	HOSPITAL PLUS	CONDITION/REMARKS SUBJECT TO PMB
D20	PROSTHESES AND DEVICES INTERNAL AND EXTERNAL (See B1)			
D20.1	Prostheses and devices internal(surgically implanted), including all temporary prostheses, or/and all accompanying temporary or permanent devices used to assist with the guidance, alignment or delivery of these internal prostheses and devices. This includes bone cement, bone graft substitutes, screws, pins and bone anchors.	<ul style="list-style-type: none"> R42 100 per family. Sub-limit of R3 225 for a single intra-ocular lens. R6 450 for bilateral lenses per beneficiary. Subject to preferred supplier agreements. No benefit for joint replacements, unless PMB. 	<ul style="list-style-type: none"> R52 480 per family. Sub-limit of R3 225 for a single intra-ocular lens. R6 450 for bilateral lenses per beneficiary. Subject to preferred supplier agreements. 	<ul style="list-style-type: none"> Subject to the relevant managed healthcare programme and to its prior authorisation. This benefit excludes Osseo-integrated implants for the purpose of replacing a missing tooth or teeth.
D20.1.1	Cochlear implants	No benefit.	No benefit.	
D20.1.2	Internal Nerve stimulator	No benefit.	No benefit.	
D20.2	Prostheses external	<ul style="list-style-type: none"> No benefit, except for PMBs. Subject to preferred supplier agreements. 	<ul style="list-style-type: none"> No benefit, except for PMBs. Subject to preferred supplier agreements. 	
D21	RADIOLOGY (See B1)			
D21.1	General radiology			
D21.1.1	In hospital	No limit.	No limit.	For diagnostic radiology tests and ultrasound scans. Authorisation is not required for MRI scans for low field peripheral joint examination of dedicated limb units.

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PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	HOSPITAL STANDARD	HOSPITAL PLUS	CONDITION/REMARKS SUBJECT TO PMB
D21.1.2	Out of hospital	No benefit.	No benefit.	This benefit excludes: specified list of radiology tariff codes included in the <ul style="list-style-type: none"> maternity benefit, (D10), the oncology benefit during the active treatment and/or post active treatment period, (D14); the organ and haemopoietic stem cell transplantation benefit, (D16), renal dialysis chronic benefit, (D22). Authorisation is not required for MRI scans for low field peripheral joint examination of dedicated limb units.
D21.2	Specialised radiology			
D21.2.1	In hospital	R24 860 per family.	R27 610 per family.	Subject to the relevant managed healthcare programme and to its prior authorisation. Specific authorisations are required in addition to any authorisation that may have been obtained for hospitalisation, for the following: <ul style="list-style-type: none"> CT scans MUGA scans MRI scans Radio isotope studies CT colonography (virtual colonoscopy) (only in credentialed practices), limited to one per beneficiary per annum restricted to the evaluation of symptomatic patients only) MDCT coronary angiography (only in credentialed practices), limited to one per beneficiary restricted to then evaluation of symptomatic patients only.
D21.2.2	Out of hospital	Limited to and included in D21.2.1.	Limited to and included in D21.2.1.	See D21.2.1.


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REGISTRAR OF MEDICAL SCHEMES

PARA GRAPH	BENEFIT (EXCEPT FOR PMBS)	HOSPITAL STANDARD	HOSPITAL PLUS	CONDITION/REMARKS SUBJECT TO PMB
D21.3	PET and PET – CT	No benefit.	Limited to and included in D14.1.2.1.	
D22	RENAL DIALYSIS CHRONIC (See B1)			
D22.1	Haemodialysis and peritoneal dialysis	<ul style="list-style-type: none"> No limit. 100% of the lower of the cost or Bonitas Tariff for all services, medicines and materials associated with the cost of renal dialysis, subject to the DSP network and Regulation 8 (3). 130% of the Bonitas Tariff for the services rendered by a network specialist. 100% of the Bonitas Tariff for the services rendered by a non-network specialist. Related medicine are subject to the DSP and Regulation 8 (3). 20% co-payment applies for the voluntary use of a non-DSP. 	<ul style="list-style-type: none"> No limit. 100% of the lower of the cost or Bonitas Tariff for all services, medicines and materials associated with the cost of renal dialysis, subject to the DSP network and Regulation 8 (3). 200% of the Bonitas Tariff for the services rendered by a medical specialist. Related medicine are subject to the DSP and Regulation 8 (3). 20% co-payment applies for the voluntary use of a non-DSP. 	<p>Subject to the relevant managed healthcare programme and to its prior authorisation</p> <p>Authorised erythropoietin is included in (D4).</p> <p>Acute renal dialysis is included in hospitalisation costs.</p> <p>See D7.</p> <div style="border: 1px solid black; padding: 5px; text-align: center;"> <p>REGISTERED BY ME ON</p> <p>2017-10-20</p> <p>REGISTRAR OF MEDICAL CHAMBERS</p> </div>
D22.2	Radiology and pathology (See B1)	Limited to and included in D22.1.	Limited to and included in D22.1.	As specified by the relevant managed healthcare programme.
D23	SURGICAL PROCEDURES (See B1)			
D23.1	In hospital and unattached operating theatres and other minor surgical procedures that can be authorised in hospital	<ul style="list-style-type: none"> Limited to and included in D7.1.1 or D7.2.1. 100% of the Bonitas Tariff for the general practitioner or medical specialist. 130% of the Bonitas Tariff for the network specialist. (Co-payments apply – See paragraph D23.3 below.) 	<ul style="list-style-type: none"> Limited to and included in D7.1.1 or D7.2.1. 200% of the Bonitas Tariff for general practitioner or medical specialist. (Co-payments apply – See paragraph D23.3 below.) 	<p>This benefit excludes:</p> <ul style="list-style-type: none"> Osseo-integrated implants (D6); Orthognathic and oral surgery (D6); Maternity (D10); Organ and haemopoietic stem cell (bone marrow) transplantation and immunosuppressive medication (D16).

PARA GRAPH	BENEFIT (EXCEPT FOR PMBS)	HOSPITAL STANDARD	HOSPITAL PLUS	CONDITION/REMARKS SUBJECT TO PMB
D23.1.1	Refractive surgery	No benefit.	No benefit.	
D23.1.2	Maxillo-facial surgery	<ul style="list-style-type: none"> Limited to and included in D7.1.1 or D7.2.1. 100% of the Bonitas Tariff for services rendered by the medical specialist. 	<ul style="list-style-type: none"> Limited to and included in D7.1.1 or D7.2.1. 200% of the Bonitas Tariff for services rendered by the medical specialist. 	<p>Subject to the relevant managed healthcare programme and to its prior authorisation. For the surgical removal of</p> <ul style="list-style-type: none"> tumours neoplasms sepsis, trauma, congenital birth defects and other surgery not specifically mentioned in (D6). <p>This benefit excludes:</p> <ul style="list-style-type: none"> Osseo-integrated implantation (D6); Orthognathic surgery (D6); Oral surgery (D6); Impacted teeth (D6).
D23.2	Out of hospital in practitioners rooms	No benefit.	No benefit.	
D23.3	PROCEDURES THAT WILL ATTRACT A DEDUCTIBLE			
D23.3.1	<p>Procedures which will attract a R1 380 deductible:</p> <ul style="list-style-type: none"> Colonoscopy Conservative back treatment Cystoscopy Facet Joint Injections Flexible sigmoidoscopy Functional nasal surgery Gastroscopy Hysteroscopy, but not endometrial ablation Myringotomy Tonsillectomy and adenoidectomy Umbilical Hernia repairs Varicose vein surgery 	Subject to a R1 380 co-payment per event.	Subject to a R1 380 co-payment per event.	<p>Subject to the relevant managed healthcare programme and to its prior authorisation.</p> <div style="border: 1px solid black; padding: 5px; text-align: center;"> <p>REGISTERED BY AIEON</p>  <p>REGISTRAR OF MEDICAL SCHEMES</p> </div>

PARA GRAPH	BENEFIT (EXCEPT FOR PMBs)	HOSPITAL STANDARD	HOSPITAL PLUS	CONDITION/REMARKS SUBJECT TO PMB
D23.3.2	Procedures which will attract a R3 500 deductible: <ul style="list-style-type: none"> Arthroscopy Diagnostic Laparoscopy Laparoscopic Hysterectomy Percutaneous Radiofrequency Ablations (percutaneous rhizotomies) Laparoscopic Appendectomy 	Subject to a R3 500 co-payment.	Subject to a R3 500 co-payment.	Subject to the relevant managed healthcare programme and to its prior authorisation.
D23.3.3	Procedures which will attract a R6 900 deductible: <ul style="list-style-type: none"> Nissen Fundoplication (Reflux surgery) Back Surgery including spinal fusion Joint replacements (e.g. hip and knee replacements) Laparoscopic Pyeloplasty Laparoscopic Radical Prostatectomy 	<ul style="list-style-type: none"> Subject to a R6 900 co-payment. No benefit for Joint Replacements, unless PMB. 	Subject to a R6 900 co-payment.	Subject to the relevant managed healthcare programme and to its prior authorisation. On Hospital Plus, the R6 900 co-payment will not apply: <ul style="list-style-type: none"> when hip or knee arthroplasty is performed by a provider contracted to the preferred provider network, or spinal surgery is performed following assessment and/or intervention by the contracted conservative back programme.
D24	PREVENTATIVE CARE BENEFIT (See B1)			
D24.1	Women's Health Breast Cancer Screening Cervical Cancer Screening	<ul style="list-style-type: none"> Mammogram Females 40-74 years Once every 2 years. Pap Smear Females 21-65 years Once every 3 years 	<ul style="list-style-type: none"> Mammogram Females 40-74 years Once every 2 years. Pap Smear Females 21-65 years Once every 3 years 	<div style="border: 1px solid black; padding: 5px; text-align: center;"> REGISTERED BY ME ON 2017  REGISTRAR OF MEDICAL SCHEMES </div>
D24.2	Mens Health PSA test	No benefit.	No benefit.	No benefit.

PARA GRAPH	BENEFIT (EXCEPT FOR PMBS)	HOSPITAL STANDARD	HOSPITAL PLUS	CONDITION/REMARKS SUBJECT TO PMB
D24.3	General Health	<ul style="list-style-type: none"> HIV test annually. Flu vaccine annually. 	<ul style="list-style-type: none"> HIV test annually. Flu vaccine annually. 	
D24.4	Elderly Health	<ul style="list-style-type: none"> Pneumococcal Vaccination Age >65 Once every 5 years Faecal Occult Blood Test Ages 50-75 annually. 	<ul style="list-style-type: none"> Pneumococcal Vaccination Age >65 Once every 5 years Faecal Occult Blood Test Ages 50-75 annually. 	
D24.5	Extended Program on Immunisation (EPI)	No benefit.	No benefit.	
D24.6	Children's health Hypothyroidism Infant Hearing Screening	<ul style="list-style-type: none"> 1 TSH Test Age <1 month One infant hearing screening test for newborns up to 8 weeks, in or out of hospital, performed by an audiologist or speech therapist. 	<ul style="list-style-type: none"> 1 TSH Test Age <1 month One infant hearing screening test for newborns up to 8 weeks, in or out of hospital, performed by an audiologist or speech therapist. 	
D25	INTERNATIONAL TRAVEL BENEFIT			
D25.1	INTERNATIONAL TRAVEL BENEFIT	<ul style="list-style-type: none"> 100% of the usual, reasonable cost for in- and out-of-hospital treatment. The first R2 000 (or equivalent of local currency in respect of out-of-hospital treatment per person per journey is payable by the member. Subject to authorisation. Not exceeding 90 days from date of departure from South Africa, for medical emergencies only. 	<ul style="list-style-type: none"> 100% of the usual, reasonable cost for in- and out-of-hospital treatment. The first R2 000 (or equivalent of local currency in respect of out-of-hospital treatment per person per journey is payable by the member. Subject to authorisation. Not exceeding 90 days from date of departure from South Africa, for medical emergencies only. 	<ul style="list-style-type: none"> R5 000 000 per beneficiary per journey for both in-and-out-of-hospital treatment (R10 000 000 per family). Emergency optical and dental illness expenses up to R10 000. Medical evacuation, transport to medical centres, return to South Africa <div style="border: 1px solid black; padding: 5px; width: fit-content;"> REGISTERED BY ME ON  REGISTRAR OF MEDICAL SCIENCES </div>

PARA GRAPH	BENEFIT (EXCEPT FOR PMBS)	HOSPITAL STANDARD	HOSPITAL PLUS	CONDITION/REMARKS SUBJECT TO PMB
D26	AFRICA BENEFIT	<ul style="list-style-type: none"> 100% of the usual, reasonable cost for in-and out-of-hospital treatment routinely available in South Africa received in Africa. Subject to authorisation. 	<ul style="list-style-type: none"> 100% of the usual, reasonable cost for in-and out-of-hospital treatment routinely available in South Africa received in Africa. Subject to authorisation. 	The Fund's liability will not exceed the global amount the Fund would in the ordinary course pay for such healthcare services given the Fund's claims experience in South Africa, subject to the benefits as per benefit plan.
D27	WELLNESS BENEFIT			
D27.1	Health Risk Assessment (HRA) which includes Lifestyle questionnaire Wellness screening	<p>Wellness screening.</p> <p>One assessment per beneficiary per annum by a registered provider, (wellness day, participating pharmacy or biokineticists).</p> <p>Payable from OAL.</p> <p>Limited to:</p> <ul style="list-style-type: none"> blood pressure test glucose test cholesterol test body mass index. hip to waist ratio. 	<p>Wellness screening.</p> <p>One assessment per beneficiary per annum by a registered provider, (wellness day, participating pharmacy or biokineticists).</p> <p>Payable from OAL.</p> <p>Limited to:</p> <ul style="list-style-type: none"> blood pressure test glucose test cholesterol test body mass index. hip to waist ratio. 	
D27.2	Wellness extender	<p>Subject to completion of a Health Risk Assessment per beneficiary.</p> <p>Limited to R1 210 per family.</p> <p>Limited to:</p> <ul style="list-style-type: none"> Physical examination by a Family practitioner Dietician consultation Biokineticist consultation Physiotherapy consultation Smoking cessation programme. 	<p>Subject to completion of a Health Risk Assessment per beneficiary.</p> <p>Limited to R1 670 per family.</p> <p>Limited to:</p> <ul style="list-style-type: none"> Physical examination by a Family practitioner Dietician consultation Biokineticist consultation Physiotherapy consultation Smoking cessation programme. 	<p>Child dependants will qualify for the wellness extender benefit once the main member or an adult beneficiary has completed a Health Risk Assessment.</p> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;"> <p>REGISTERED BY ME ON</p> <p>2017-10-10</p>  <p>REGISTRAR OF MEDICAL SCHEMES</p> </div>